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National Pharmacists' Forum 2014 Technical Report: Dissemination of Pharmaceutical Services Information

November 2014



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Systems for Improved Access
to Pharmaceuticals and Services

National Pharmacists' Forum 2014 Technical Report: Dissemination of Pharmaceutical Services Information

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November 2014



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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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Key Words

Pharmacist Forum, dissemination, supportive supervision visit (SSV), standard treatment guideline (STG), performance management information system (PMIS), antiretroviral therapy (ART)

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SIAPS also hereby acknowledges USAID for the funding which enabled SIAPS to provide technical assistance to the MoHSS, some of the activities of which form the basis of this report.

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
CMS	Central Medical Stores
Div: PhSs	Division of Pharmaceutical Services
EDT	Electronic Dispensing Tool
HIV	human immunodeficiency virus
MoHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
Nemlist	Namibia Essential Medicines List
NHTC	National Health Training Center
NMPC	National Medicine Policy Coordination
NMRC	Namibia Medicines Regulatory Council
PC&I	pharmaceutical control and inspection
PHC	primary health care
PMIS	Pharmacy Management Information Systems
PSN	Pharmaceutical Society of Namibia
SCMS	Supply Chain Management Systems
SIAPS	Systems for Improved Access to Pharmaceutical
SPS	Strengthening Pharmaceutical Systems
SSV	supportive supervision visit
STG	standard treatment guideline
TC	Therapeutic Committee
UNAM	University of Namibia

EXECUTIVE SUMMARY

SIAPS and its predecessor projects—Strengthening Pharmaceutical Systems (SPS) and Rational Pharmaceutical Management (RPM) Plus—have worked extensively to introduce and support tools that capture dispensing and supply chain data from public health facilities. SIAPS supports the Ministry of Health and Social Services (MoHSS) to conduct periodic analyses of antiretroviral therapy (ART) data by using available data sources, specifically the Electronic Dispensing Tool (EDT) and national database. In order for such data to inform programmatic decisions, it needs to be actively disseminated to program managers. The Division of Pharmaceutical Services (Div: PhSs), with technical assistance from SIAPS and the Supply Chain Management System (SCMS), compiles a quarterly ART Logistics Management Information System (LMIS) feedback report, a quarterly Pharmaceutical Management Information System (PMIS) feedback report, and an annual supportive supervision visit (SSV) feedback report. Hard and soft copies of the ART LMIS and PMIS reports are disseminated quarterly to all regions of Namibia, and SSVs reports are disseminated annually.

To improve dissemination and stimulate discussions of results, SIAPS supported Div: PhSs to conduct the National Pharmacists' Forum 2014. Findings from PMIS feedback reports and recommendations made by SSVs were discussed with participants of the forum, which took place from September 29 to October 3, 2014, in Otjiwarongo, Namibia. Participants included pharmacists and stakeholders from 13 of Namibia's 14 regions. The forum also provided opportunities to disseminate, discuss, and analyze other pharmaceutical services information in reports, such as the standard treatment guidelines (STGs) post-assessment report, and to introduce new medicines added to the Namibia Essential Medicines List (Nemlist).

The Pharmacists' Forum was also a fitting platform to orient 20 new pharmacists who joined the Namibian public health sector in a government-to-government agreement between Namibia and Ethiopia. The forum introduced the new pharmacists to Namibian policies, the pharmaceutical services implementation plan, the Nemlist, and therapeutics committees (TCs) in Namibia. Other topics that benefited both new and experienced pharmacists included antimicrobial resistance, including HIV-drug resistance in Namibia, and the role of TCs in conducting medicine use evaluations. After extensive discussions over the course of five days, the participants developed and delegated resolutions to different stakeholders to implement over the course of the year (October 2014 to September 2015).

The Deputy Minister for Health and Social Services, Ms. Petrina Haingura, officiated the opening of the forum and called upon participants to play a proactive role as very important members of the clinical team, and to work in collaboration with the rest of the clinical team to ensure that therapeutic objectives are achieved. She recognized that pharmacists are the experts on medicines and are therefore best positioned to provide information and guidance essential for the safe use of medicines. She also acknowledged that pharmacists have an important role in the health care system and encouraged them to engage in this role effectively. In his remarks, Deputy Director of the Div: PhSs, Mr. Lazarus Indongo, also emphasized the importance of pharmacists getting together annually to share ideas to improve pharmaceutical services delivery.

BACKGROUND

The annual National Pharmacists' Forum brings together pharmacists from public sector institutions from all 14 regions of Namibia to discuss issues affecting the pharmacy profession and pharmaceutical service delivery. The event provides a good platform to widely disseminate pharmaceutical services information and generate discussion for action. The USAID-funded SIAPS and SCMS projects supported Div: PhSs in organizing and conducting the five-day National Pharmacists' Forum at C'est si Bon Hotel in Otjiwarongo from September 29 to October 3, 2014. The forum served as a platform to disseminate findings from various reports and activities including feedback from PMIS results, findings from SSVs, findings from inventory assessments, and results of the STG post-assessment. The forum was also used to update MoHSS stakeholders on SIAPS and SCMS support to MoHSS and other partners.

INTERVENTION

SIAPS Namibia has supported the MoHSS to implement various tools to capture data on ART patients and ARV stock management. SIAPS has also supported the roll-out of PMIS to primary health care facilities. Feedback reports that are produced regularly by these SIAPS-supported systems need to be shared with managers so that the information is used for decision making. The Pharmacists' Forum was a befitting opportunity to disseminate recommendations on pharmaceutical services delivery from various reports.

Five senior technical advisors from SIAPS and SCMS Namibia participated. Major findings from the following national-level reports were presented and discussed:

- 1) Strategic directions in pharmaceutical services and supply chain management
- 2) National SSVs and national PMIS indicators
- 3) Health care workers' compliance to Namibia's STGs (post-assessment)
- 4) Inventory control and storage practice interventions in primary health care (PHC) facilities served by Rundu and Oshakati medical depots
- 5) Global Fund plans for inventory management trainings
- 6) Results of national- and facility-level supply chain assessments
- 7) People that Deliver initiative
- 8) Regional pharmaceutical services coordination

The Pharmacists' Forum was also used to introduce new pharmacists to the Namibian public health system through presentations on important concepts on managing pharmaceuticals and delivering quality pharmaceutical services. The objectives of the forum were to:

- 1) Share highlights of pharmaceutical services delivery in Namibia for 2013/2014
- 2) Disseminate results and recommendations of the eight key reports listed above
- 3) Design interventions to improve pharmaceutical services delivery in the public sector
- 4) Generate resolutions to guide the implementation and monitoring of pharmaceutical services and supply chain management in Namibia for 2014/2015

OBSERVATIONS/FINDINGS

The Pharmacists' Forum was attended by 28 pharmacists from 13 of the 14 regions in Namibia; only the Hardap region was not represented. Also in attendance were senior officers of the MoHSS and the president of the Pharmaceutical Society of Namibia (PSN).

Forum Agenda

- 1) Official opening by the Deputy Minister for Health and Social Services, Ms. Petrina Haingura
- 2) Strategic directions in pharmaceutical services and supply chain management
- 3) Remarks by the Deputy Director, Div: PhSs, Mr. Lazarus Indongo
- 4) Resolutions from the previous forum (2013)
- 5) PSN activities
- 6) SIAPS support to MoHSS
- 7) Activities of the National Health Training Center (NHTC), including orientation on the concept and data collection of the pharmacists' assistant (PA) assessment. (An assessment to gather input from former NHTC students on the relevance of the course to their job)
- 8) Updates from UNAM-School of Pharmacy and presentation of research completed by three BPharm fourth-year students
- 9) A presentation by a UNAM student on "Level and Factors Associated with Patient Satisfaction with the Pharmacy and Health Care Services at Public Health Facilities in Namibia"
- 10) Presentation by a UNAM student on "Patterns of Selected Biomarkers of First-Line Art Toxicity: A Review of Naïve HIV/AIDS Patients at Katutura Intermediate Hospital, Namibia"
- 11) Presentation by a UNAM student on "An Exploration of Factors Affecting the Recruitment and Retention of Pharmacists to the Public Health Sector of Namibia"
- 12) Presentation on National Medicines Regulatory Council (NMRC)/pharmaceutical control and inspection (PC&I) activities
- 13) Presentation on Central Medical Stores (CMS) Operations and Services

- 14) Inventory control and storage practices interventions in PHC facilities served by Rundu and Oshakati multi-regional medical depots
- 15) Results of the national- and facility-level supply chain assessment
- 16) Plans for inventory management ToTs
- 17) Inventory management in public health care facilities
- 18) National SSVs and national PMIS indicators
- 19) Introduction to ABC analysis and national ABC analysis
- 20) Feedback from regions on pharmaceutical services and activities
- 21) National ART service coordination
- 22) People that Deliver activities
- 23) Overview of TCs
- 24) Introduction to the Nemlist and Essential Medicines List Committee activities
- 25) Infection control and pharmaceutical waste management
- 26) Planning for National Pharmacy Week 2015
- 27) Resolutions for the 2014 Pharmacists' Forum
- 28) Task shifting to the nurses at emergency pharmacies and PHC facilities
- 29) Over-use of antibiotics
- 30) Unethical prescribing by nurses
- 31) Quantification and ordering of pharmaceuticals and medical supplies from CMS, stock-outs, and buy-outs

During the forum, the pharmacists discussed interventions to improve pharmaceutical services delivery in the public sector. Key actions included strengthening TCs to enhance their functionality in providing oversight and accountability for pharmaceutical services, promoting rational medicine use, conducting pharmaceutical inventory management at the health-facility level, improving reporting on ART and PMIS indicators, and enforcing compliance to STGs to enhance patient safety. The pharmacists expressed a need for continued technical assistance in implementing these activities.

Key activities identified by participants as areas of weakness which may benefit from SIAPS and SCMS support include the following:

- Technical support for implementation of the EDT and EDT Mobile for ART patients and ARV data capture
- Training for information technology (IT) staff in each region to enable them to support use of the EDT and reduce EDT downtime; further training and on-the-job support is required to improve competency of the two IT administrative staff previously trained by SIAPS to support EDT in the Northern regions
- Support for the implementation of infection control guidelines
- Support for the public health pharmacy sector for human resource and retention strategies

DISCUSSION OF FINDINGS

After extensive discussion during the five-day workshop, the forum participants formulated the following resolutions to be implemented by various MoHSS stakeholders and partners to coordinate pharmaceutical services.

Resolutions Carried Over from the 2013 Pharmacists' Forum

- 1) It was noted with concern that the plan for acquiring a regional EDT database with support from SIAPS had not yet been accomplished despite other achievements in this line. It was also noted that due to expansion of the ART program to PHC facilities, there is a gap in data capture and reporting. It was therefore resolved that Div: PhSs should liaise with:
 - a) SIAPS to acquire such a database as soon as possible
 - b) The Directorate of Special Programs to fast-track the procurement of data capturing devices for PHC facilities
- 2) It was noted with concern that expenditure on milk formula was still high in the regions. It was therefore resolved that TCs should make decisions on the basis of the prevailing circumstances in their respective regions for use of milk in their facilities.
- 3) It was noted with appreciation that the new comprehensive STGs are an excellent tool for training and supervision of health workers as well as management of patients. It was however noted with concern that there are not enough copies of the Namibia STGs available. The forum resolved that Div: PhSs should:
 - a) Budget for printing more copies of the STGs
 - b) Explore possible strategies for making the STGs commercially available
- 4) It was noted that although there is an urge to conduct operational research at regional levels, the pharmacy staff need technical assistance from the national level to conduct such research. It was therefore resolved that:
 - a) Regions should forward their requests for technical assistance to conduct operational research to the chief pharmacist for National Medicines Policy Coordination (NMPC)
 - b) Div: PhSs should find resources to build the capacity of pharmaceutical staff in conducting operational research
 - c) Technical support must be provided for facilities doing operational research
 - d) SIAPS continue to support Div: PhSs in technical assistance to the regions to conduct TC trainings. Facilities will send training requests to NMPC. Regions were informed that they would have to budget for their own participants' subsistence allowances, conference venues, and meals.
- 5) It was noted with concern that there is inconsistency in how buy-outs are handled, therefore, uniformity is needed. It was resolved that Div: PhSs should provide guidance to regions/hospitals on how buy-outs should be handled through official communication.

- 6) The forum noted with concern that despite reviewing the standard and norms for pharmacy, some of the projects from the national level do not follow the updated standard and norms that negatively affect the requirements of pharmacies. It was resolved that Div: PhSs should communicate with Division: Facility Planning and Directorate: Policy Planning and Human Resource Development to ensure that;
 - a) Revised standards and norms for pharmacy are implemented
 - b) The pharmacy staff is involved in the planning and execution of all projects involving construction of pharmacies at all health facilities
- 7) It was noted with concern that Div: PhSs is not involved in the planning of standards and norms for pharmacy design. It was agreed that pharmacists should also actively involve themselves and give input on norms to architects at the planning stage. By ministerial gazette number 5515 July 25, minimal requirements for a pharmacy should be an area of at least 100 m². Div: PhSs should liaise with facility planning to ensure that the latest requirements are included in the new standard and norm manual. Div: PhSs should also be included in the membership of the committee that looks at new facility planning for capital projects.
- 8) The forum noted with concern that there is a gap when communicating results of medicine analysis from the Quality Surveillance Laboratory to the facilities. The forum resolved that:
 - a) The facilities should report any quality issue using the poor quality pharmaceutical products reporting form as soon as possible.
 - b) Div: PhSs should ensure that all queries regarding quality issues should be tested as soon as possible and the results communicated to the end users in time to avoid usage of poor-quality products.
- 9) The forum noted with concern that diagnostic and clinical supplies delivered from CMS to health facilities are often not of acceptable quality. The forum resolved that:
 - a) The facilities should report any quality issue using the poor quality pharmaceutical products reporting form as soon as possible.
 - b) Div: PhSs should ensure that all the queries regarding medicines quality issues are tested as soon as possible and the results communicated to the end users in time to avoid usage of poor-quality products.
 - c) Regions should report poor-quality pharmaceuticals, feedback should be provided to facilities after QC, and complaint handling processes should be finalized. PC&I should provide feedback to health facilities on test results as soon as possible.
- 10) It was noted with concern that quality issues of clinical and diagnostic supplies are on the rise. Regions and health facilities are expected to report such issues to PC&I through the standard procedure.
 - a) CMS should take note of this development and ensure that such issues are addressed before finalizing procurement contracts.

- b) It was also resolved that a catalog of clinical supplies and diagnostics should be designed with input from final users (doctors and nurses) to enable CMS to buy quality products.
- 11) It was noted with concern that there is a gap in inventory management of pharmaceuticals and other related products at the operational level that negatively impacts availability of medicines and results in a higher wastage rate. The forum resolved that:
 - a) The capacity of pharmaceutical staff at the operational level in inventory management needs to be built
- 12) It was noted with concern that there is critical shortage and high turnover of pharmaceutical staff in the public sector; the forum resolved that:
 - a) The restructuring process should be accelerated to ensure that this shortage can be overcome as soon as possible.
 - b) Regions should also advocate for additional posts to cover acute shortages as an interim measure.
 - c) MoHSS should write human resources policies that encourage staff retention to reduce the high staff turnover.

Resolutions for the 2014 Pharmacists' Forum

- 13) It was noted with concern that PMIS data shows a decline in TC meetings. The forum therefore resolved that the regional pharmacist should liaise with regional directors to ensure that TC meetings are held as per terms of references for Namibian TCs.
- 14) It was noted with concern that in some regions, districts do not channel their equipment requests through the Regional Procurement Committee. It was therefore resolved that equipment needed by the district should be procured through the Regional Procurement Committee, which should make bulk procurements for all districts.
- 15) It was noted with concern that PAs do not have a platform to discuss pharmaceutical and other issues that concern their profession. It was resolved that Div: PhSs should plan and budget for a PA forum in the next financial year.
- 16) Once the PA assessment is available, Div. PhSs should liaise with NHTC to devise continuing professional development for PAs
- 17) Div: PhSs should liaise with the Directorate of Policy Planning and Human Resources Development (PP&HRD) to coordinate recruitment of newly graduated PAs for additional posts in the regions.
- 18) It was noted with concern that EDT downtime has increased because of diminished availability of support from the national level due to the absence of IT support at NMPC.

- a) Div: PhSs should find a way to advocate for an IT post at NMPC so that someone is available to spearhead IT projects for pharmaceutical services.
 - b) Regions should also plan long term to hire local IT personnel, in addition to the support provided by NMPC.
 - c) Regions should identify IT/administrative staff to be trained on EDT and budget for such trainings.
 - d) NMPC should liaise with SIAPS to train IT personnel to tackle EDT-related issues at the regional level if possible.
 - e) The ART logistic pharmacist should liaise with regions to get information on EDT software-related issues and liaise with SIAPS to resolve them.
- 19) It was noted with concern that there is no electronic system for dispensing for non-ART services. It was resolved that Div: PhSs should follow-up on the outcome of the electronic system pilot at Windhoek Central Hospital (WCH) and Katutura Intermediate Hospital (KIH) and develop and communicate a way forward on plans to roll-out to other health facilities.
- 20) TCs should take charge of implementing STGs in public health facilities. TC sessions can act as a platform to continuously educate practitioners.
- 21) It was noted with concern that there is shortage of pharmacists and PAs in most regions. It was resolved that regions should budget for additional posts for pharmacists and PAs in their respective regions and forward those motivations through proper channels. Div: PhSs should liaise with the human resources division to fast-track the process and help regions identify candidates where necessary. The national level should also help in rationing the available staff in cases where bulk recruitment is possible. Div: PhSs should liaise with directors of the respective regions to ensure that vacant regional pharmacist posts should be filled as soon as possible.
- 22) It was noted with concern that ARVs that can be used to treat Hep-B are restricted for HIV treatment only and therefore are not available treat Hep-B in HIV negative patients. The forum resolved that Div: PhSs should present this issue at the EMLC meeting to eventually obtain eligibility criteria for such patients.
- 23) It was noted with concern that tablet-counting machines are procured but pharmaceutical staff struggle with maintenance. Div: PhSs must design a form to gather data on tablet-counting machines to make it easy to guide procurement through end user information and follow up after sale service. This information will be used to guide procurement decisions for Tablet counting machines. Div: PhSs should advocate for tablet-counting machines to be added to the list of equipment for pharmacies.
- 24) It was noted with concern that there is an increasing number of lost-to-follow up (LTFU) ART patients. Div. PhSs was tasked with exploring ways to link health facility EDTs to each other to facilitate the tracking of these patients.
- 25) It was noted with concern that record keeping of prescriptions as well as goods received and issues at all levels of pharmaceutical services is not up to standard. It was resolved that Div:

PhSs must initiate the revision of standard operating procedures to address this issue and to introduce documentation, such as goods issued/receiving vouchers and prescription record-keeping at health facilities.

- 26) Div: PhSs should explore the possibility of a private public partnership in dispensing tuberculosis medicines and ARVs to reduce antimicrobial resistance.
- 27) NHTC should follow up with MoHSS for a circular to improve communication. NHTC should set up a model test for the regions to use in recruitment examinations. Examinations should be standardized and conducted nationally on the same day.
- 28) It was noted with concern that all treatment guidelines (STGs, ART, and TB) are not followed, especially in private sector. It was resolved that Div: PhSs should liaise with PSN to find ways to encourage private sector practitioners to implement STGs.

RECOMMENDATIONS AND FOLLOW-UP ACTIONS

- The Div: PhSs will compile and circulate resolutions from the Pharmacists' Forum 2014 as soon as possible to be circulated to pharmacists and other stakeholders in a reasonable time.
- The Div: PhSs will compile and disseminate a report on the National Pharmacists' Forum 2014.
- The Subdivision NMPC must follow-up with stakeholders and regions that were tasked with various actions in the resolutions developed at the Pharmacists' Forum.
- Regional directors must monitor the implementation of Pharmacists' Forum resolutions in their respective directorates.

ANNEX 1: KEY PERSONS MET DURING THE FORUM

Name	Title	Organization/Affiliation
1. Petrina Haingura	Deputy Minister	MoHSS
2. Lazarus Indongo	Deputy Director	MoHSS/ Div: PhSs
3. Qamar Niaz	Principal Pharmacist	MoHSS/Div: PhSs /NMPC
4. Several*	Regional pharmacists / Pharmacists	MoHSS/ Regions/ Health facilities

*Refer to scanned copy of the forum attendance list

ANNEX 2: NATIONAL PHARMACISTS' FORUM 2014 AGENDA

Monday 29 September - Friday 03 October 2014

C'est si Bon Hotel Otjiwarongo

Start	Stop	Agenda Item	Responsible Person
Monday 29 September 2014			
Chairperson: Kennedy Kambyambya, Rapporteur: Tafadzwa Marimo			
08h00	08h30	Registration	Admin
08h30	10h00	Official Opening (<i>see separate program</i>)	
10h30	11h00	Strategic directions in pharmaceutical Services and supply chain Management	Mr. Andrew Ndishishi-PS MoHSS
11h00	11h15	Welcoming Remarks by DD	Lazarus Indongo
11h15	11h30	Introductions -Review & Adoption of Agenda	Kennedy Kambyambya
11h30	12h30	Resolutions from Previous Meeting (2013)	Kennedy Kambyambya
12h30	13h00	Presentation on PSN activities	Benjamin Khumalo
13h00	14h00	<i>Lunch Break</i>	
Chairperson: Msafiri Kweba, Rapporteur: Johnson Alao			
14h00	14h30	Presentation by NMRC/PC&I activities	PC&I
14h30	15h00	Presentation on CMS Operations and Services	Tonata Ngulu
15h15	15h45	Discussion on supply chain challenges	Regions
15h45	16h45	Ministry of Defense: Pharmaceutical Services	Bernaddette Iita
16h45	17h00	Summary of the Day	Chairperson
Tuesday 30 September 2014			
Chairperson: Grace Adeniyi, Rapporteur: Chadya Makomborero			
08h00	08h30	Registration	Admin
08h30	09h30	Presentation by SIAPS: Support to MoHSS	Evans Sagwa
09h30	10h00	Presentation by NHTC	Daniel Mavu
10h15	10h45	Presentation by UNAM	Dr Tim Rennie
10h45	11h15	Presentation by PMU- Plans for Inventory Management ToTs	Naita Nashilongo
11h15	11h45	Inventory Control & Storage Practices Interventions in PHC facilities served by Rundu & Oshakati Medical Depots	Alemayehu Wolde
11h45	12h30	Results of National and Facility Level Supply Chain Assessment	Alemayehu Wolde
12h30	13h00	Presentation on People that Deliver Initiative	Benjamin Onger
13h00	14h00	<i>Lunch Break</i>	
Chairperson: Nelson Olabanji Rapporteur: Clarice Kayombo			
14h00	14h30	Inventory Management in Public Health Care facilities	Msafiri Kweba
14h30	15h00	National ART Services Coordination	Benjamin Onger
15h15	15h45		
15h45	16h30	Presentation on National SSVs & National PMIS indicators	Qamar Niaz
16h30	17h00	Summary of the Day	Chairperson
Wednesday 01 October 2014			
Chairperson: Ahmad Zaman Rapporteur: Daniel Mavu			
08h00	08h30	Registration	Admin
08h30	09h00	Introduction to ABC Analysis & National ABC analysis	Qamar Niaz
09h00	10h00	Feedback from Regions, Pharmaceutical Services/Activities [30 minutes per region]	Regions
10h15	13h00		
13h00	14h00	<i>Lunch Break</i>	
Chairperson: Fabiola Vahekeni, Rapporteur: Alexander Anaba			
14h00	15h30	Feedback from Regions, Pharmaceutical Services/Activities [30 minutes per region]	Regions
15h45	16h40		
16h40	17h00	Summary of Proceedings Regional Pharmaceutical Services	Chairperson

Thursday 02 October 2014			
Chairperson: Augustine Odo Rapporteur: Rose Mary			
08h00	08h30	Registration	Admin
08h30	09h30	Overview of T.Cs	Bayobuya Phulu
09h30	10h30	Introduction to STGs & Post Assessment results	Qamar Niaz
10h45	12h00	Understanding Medicine Use Problems	Qamar Niaz
12h00	13h00	Interventions to change Medicine Use problems	Bayobuya Phulu
13h00	14h00	Lunch Break	
Chairperson: Oliver Udheaga, Rapporteur: Paul			
14h00	15h00	Evaluating Medicine Use	Bayobuya Phulu
15h00	15h30	Introduction to NMLIST and EMLC activities	Rauna Shitaleni
15h45	16h45	Infection Control and Pharmaceutical Waste Management	Alemayehu Wolde
16h45	17h00	Summary of the Day	Chairperson
Friday 03 October 2014			
Chairperson: Naita Nashilongo, Rapporteur: Nassar Mbaziira			
08h00	08h30	Planning for National Pharmacy Week 2015 (September)	Regions
08h30	09h30	Finalisation of Pharmacy Week plans	Kennedy Kambyambya
09h30	10h30	Resolutions for 2014 Pharmacist Forum	
10h45	13h00		
13h00	14h00	Lunch Break	
Chairperson: Kennedy Kambyambya, Rapporteur: Ladislaus Lwambura			
14h00	15h30	Discussion of AOB (from parking lot)	Chairperson
15h45	16h45	Summary of Proceedings	
16h45	17h00	Closure of forum	Lazarus Indongo
Saturday 04 October 2014			
08h00	10h00	Departure of participants from outside Windhoek	Kennedy Kambyambya

ANNEX 3: PARTICIPANTS' INVITATION LETTER



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
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Enquiries: K. Kambyambya

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Harvey Street
Windhoek
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Telephone: (061) 203 2344
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International: + 264 - 61 -203 2344
Monday, 15 September 2014

OFFICE OF THE PERMANENT SECRETARY

TO: MR. E. SAGWA
ACTING COUNTRY PROJECT DIRECTOR; MSH/ SIAPS
PO BOX 90027
KLEIN WINDHOEK

RE: INVITATION TO NATIONAL PHARMACISTS FORUM 29 SEPTEMBER-03 OCTOBER 2014

The Division: Pharmaceutical Services would like to cordially invite you and your team to the National Pharmacists' Forum 2014. This year's National Pharmacists' Forum, that was supposed to be held from 11-15 August 2014 and was postponed, will now be held from **29th September 2014 to 03rd October 2014** at **C'est si Bon Hotel in Otjiwarongo**.

The participants are expected to arrive at the venue on 28th August 2014 afternoon and depart on Saturday 04th August 2014 morning.

The National Pharmacists Forum is intended to allow public sector pharmacists from across the country and other stakeholders to come together and discuss matters of mutual concern, share positive experiences and develop strategies to address problems currently experienced in the delivery of Pharmaceutical services.

This Forum is organised by the Ministry of Health and Social Services through Division: Pharmaceutical Services. The Official Opening of the Forum will be held **at 09h00 on Monday 11th August, 2014**.

Please forward the names of **two (2)** MSH staff members that will attend the Forum to **Mr. L. Indongo** on the fax number above or email **kkambyambya@nmpe.com.na** before 23rd September 2014 to facilitate preparations for the event.

There will be a 30 minute session on **"MSH support to Pharmaceutical Services during FY 2013/14"**. Please have your team prepare a PowerPoint presentation on this.

Yours sincerely,


MR. ANDREW NDISHISHI
PERMANENT SECRETARY

"Health for All"

ANNEX 4: SELECTED KEY PRESENTATIONS

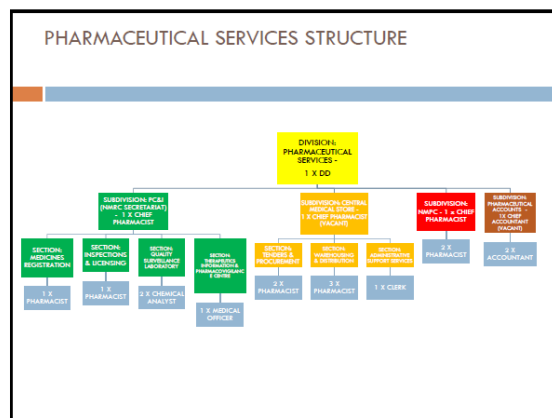
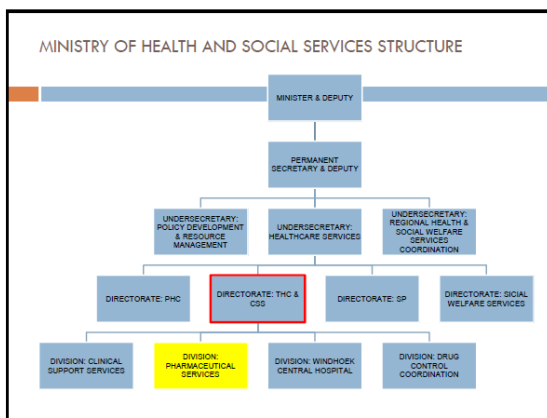


PHARMACEUTICAL SERVICES AND SUPPLY
CHAIN MANAGEMENT: CHALLENGES AND
WAY FORWARD
PRESENTED AT THE
PHARMACISTS FORUM 2014
CEST SI BON HOTEL OTJIWARONGO

Mr. Andrew Ndashahi
PS, MoHSS. Mr. Lazarus Indongo, Deputy director, Div-PhSs

Outlines of Presentation

- New organizational structure
- CMS infrastructure
- Procurement process, i.e. from product registration, product selection and eventually delivery at the health facilities
- CMS database
- HR – road map
- HR – deployment of pharmacists and pharmacist assistants in facilities
- Recommendations:



Introduction

- The Mission of the MoHSS is to provide integrated, affordable and accessible quality health care and social services responsive to the needs of Namibians
- Namibia has made important and significant strides in Transforming the health sector since Independence.
- Going forward, we need to put in place structures and systems that will help to sustain our achievement and meet the long term priorities of MoHSS-Vision 2030, NDP4, MTEF.

Medicines Availability and access

- Pharmaceutical Services is critical to realisation of our vision and accomplishing our mission.
- Pharmaceuticals and medical supplies constitute 2nd highest expenditure in MoHSS after human resource expenditure

Strategic objectives

- Directorate Strategic long term framework for governance
- Human resource development
- Health facility upgrading
- Establishment of specialised services and institutions
- New structure was proposed to meet the aspirations of NDP4 and vision 2030

Proposed New Organizational Structure



National Medicine Policy Coordination (NMPC)

- Planning, Coordinating, Monitoring and Evaluating the implementation of the National Medicines Policy
- Implementation and review of Namibia Essential Medicine List (Nemlist), Standard Treatment Guidelines (STGs), Pharmaceutical Standard Operating Procedures (SOPs).
- Monitoring through Pharmaceutical Management Information System (PMIS)
- Supportive Supervision of pharmaceutical services at Regional, district and lower level
- Supporting regional and district Therapeutic Committees



National Medicines Policy Coordination

- Medicine selection is the foremost and a critical step in procurement and supply management.
- Pharmacists role is critical in ensuring only cost-effective medicines are selected in a timely manner
- There is need the strengthen the medicine selection process and make it more efficient
- This would reduce the increasing number items and cost expended on buy-out items.

Pharmaceutical Control & Inspection (PC &I)

- Secretariat for Namibia Medicines Regulatory Council
- Ensure relevant legislation is enacted and adhered to Registration:
 - Registration of all medicines, and medical devices for use in Namibia
 - Maintenance of Medicines Registers
- Inspection:
 - GMP inspection of local and foreign manufacturers
 - Inspection of all local medicinal outlets and border posts



Pharmaceutical Control & Inspection (PC &I)- Secretariat of NMRC

- Quality Surveillance Laboratory (QSL):
- Screen quality of medicines from both public and private sector by testing at Quality Surveillance Laboratory (QSL)
- Therapeutic Information and Pharmacovigilance Centre (TIPC):
- Post marketing surveillance
 - Therapeutic information provision and pharmacovigilance



Central Medical Stores (CMS)

- Section – Tenders and Procurement
 - Procurement of pharmaceutical and related products including clinical supplies
 - Manages all tender contracts
- Section – Warehousing & Distribution:
 - Receiving and storage of pharmaceutical and related products including clinical supplies
 - Distribution to public sector health facilities and partners
- Section – Administration Support Services:
 - Provides administrative support to the operation of the CMS
 - Fleet management
 - Management of all other contracts not related to pharmaceuticals and related supplies, e.g. security etc.
- CMS only procures, stores and distributes medicines that are approved by the Ministry and specified in Namibia Essential Medicines List (Nemlist) and are registered with NMRC
- CMS manages close to 1600 items from 40 suppliers.



Pharmaceutical Accounts

- Pharmaceutical Account subdivision handles all financial matters of the division of which a greater portion of work comes from purchasing of pharmaceutical and medical supplies



Procurement & Distribution of Pharmaceuticals and related supplies

- Procurement is generally done through tender process.
- Limited quantities are procured through buy out process by CMS following general procurement guidelines
- The medicine selected by Essential Medicine List Committee on Nemlist that are registered are procured
- The limited quantities that are not on Nemlist but are needed for patient benefit are procured as buy out



Procurement & Distribution of Pharmaceuticals and related supplies

- The lead time for order delivery by suppliers to CMS is minimum of Eight weeks
- Non availability of the product at manufacturer/ agent, production challenges/ order queuing can further lead to delay in delivery
- New and inexperienced suppliers may fail to deliver but need to be considered due to tender requirements



Procurement & Distribution of Pharmaceuticals and related supplies

- Once the orders are delivered; they are verified and received, tested for the Quality assurance purpose and once pass the quality tests are entered into the inventory
- Wrong deliveries, quality related issues etc may delay the availability
- Once medicine are available are distributed through CMS distribution channels using pull system order from facilities

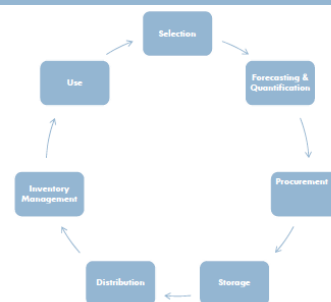
Forecasting and Quantification

- CMS uses an electronic software for inventory management, however CMS only relies on orders received from health facilities which may not be accurate.
- No data on expiries or damages
- There is need therefore to have an integrated electronic system linked to CMS-at least in all District hospitals.
- Actual consumption derived can then be used for Supply planning.

Inventory management-Health facility level

- Poor inventory management practices has been noted in some health facilities.
- Inadequate storage space at some district and most PHC facilities also limits facilities from ordering optimally
- There is need for Div: Pharmaceutical Services to support facility staff through On the job training, and mentoring aimed at ensuring good inventory management practices at facilities.

Procurement Cycle



- Strengthen selection process, ensure motivations for changes are addressed in good time
- Reduce buyout expenditure and improve forecast and supply planning
- There is need for an integrated e-logistics management information system
- Better forecast and prompt intervention to reduce wastage

- Expand storage capacity of medicines at health facilities
- Health facilities order appropriate order quantities
- New ultra modern CMS planned.
- Improve supply planning by increasing months of stock, reducing risk for stock outs

Rational use of medicines at Health Facilities

- Pharmacists working at the health facilities are responsible to ensure proper inventory management of medicines at the facilities.
- Ensure safety and curb wastage of resources
- Wastage must be monitored and reported
- Health facilities must also be accountable for stock received from CMS.

Proposed Structure: Pharmaceutical Inspection & Control (PC&I)

Building capacity of Registration and Inspection staff

Strategic Objectives:

- Directorate Pharmaceutical Services:- Serves as liaison between national level and the regions- Ensure and promote rationale use of medicines in Namibia
- Directorate Supply chain management:-Ensure availability of high quality medicines and related supplies in adequate quantities
- PC&I:- To ensure only safe and good quality medicines are registered and

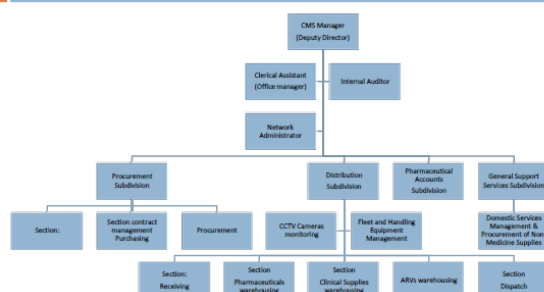
- The CMS serves as the Ministry's central agency for procurement, storage and distribution of essential medicines and related clinical supplies for the public health sector.
- Medicines procured, stored and distributed are those approved by the Ministry and are specified in the Namibian Essential Medicines List (Nemlist). CMS manages about 1,600 items sourced from some 75 suppliers.

CMS Infrastructure and Services Delivery

- Warehouse was not purposely built as pharmaceutical warehouse
- Shortage of office and storage space – limits stock holding and leads to poor practices
- Multiple storage locations including off-site – difficult to supervise and manage
- Physical design not conducive to stock security of stock and movement of materials and staff
- CMS structure is poorly maintained – leakages in roof/ceiling, lights not functioning, broken doors, walls with chipped paint
- IT hardware and software outdated needing to be upgraded -

- Delivery vehicles are sufficient after acquisition of two additional trucks this year
- Construction of a modern warehouse in Okahandja; purpose build as a pharmaceutical warehouse.
- New staff structure that in line with multiple operations of the CMS to be put in place
- Provision to made for an HR office within the new staff structure, alternatively a dedicated HR office to designated to deal with CMS staff issues
- Operational budget to be proportional to the operations at the CMS

Proposed New Division: CMS



Staff Development

- The field of medicine is characterised by rapid changes.
- Identify opportunities for continued professional development
- There is urgent need for supply chain managers, logisticians

Road Map Vision 2030

- Training and Due to human resources and space constraints, several important warehousing processes are not being routinely implemented including order checking at dispatch and expiry management. CMS
- should consider re-invigorating compliance to SOPs and processes, including training all staff and
- monitoring their implementation. The CMS should also consider introducing a plan for regular review
- of the SOPs and training of new staff and monitoring the implementation of these procedures to
- mitigate the risk of non-compliance.
-

- CMS should evaluate their procurement policies and procedures as this functional area presents
- the greatest potential risk of continued decline of capability and performance. In implementing
- pharmaceutical procurement reform to increase supplier diversity, a step-wise and gradual process
- should be considered to minimize shocks on the existing system. This will ensure that the balance
- between procurement executed via tenders and that done via buy-outs is at a level that does not
- burden the system or result in increased risk of stock outs.
-

- There are a high number of interim (emergency) orders by health facilities whose delivery is
- contracted out to Nampost Courier. CMS should consider evaluating the cost effectiveness with their
- current outsourcing arrangement with Nampost to ensure they are receiving competitive pricing and
- high quality service.
- 4. CMS should consider analyzing the sufficiency of current staff levels and

Thank you

- Discussion Points

Republic of Namibia

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Ministry of Health and Social Services

Stronger health systems. Greater health impact.

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Highlights of MSH Support to Pharmaceutical Services

Annual Pharmacists' Forum 2014

C'est si Bon Hotel, Otjiwarongo
September 2014

Presentation Outline

1. The Systems Building Approach
2. SIAPS* and SCMS# in Namibia and Areas of Synergy
3. Selected Pictorial Highlights

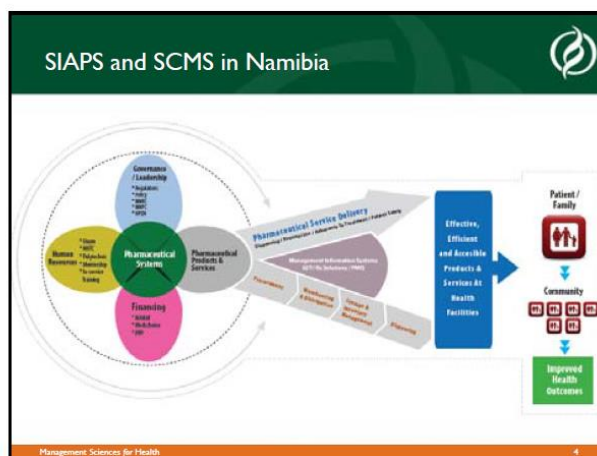
*SIAPS – System for Improved Access to Pharmaceuticals and Services
#SCMS – Supply Chain Management System

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**The Systems Building Approach:
The WHO Health Systems Framework**

- Service delivery
- Leadership and governance
- Strengthening the development of health workforce
- Appropriate distribution and use of medicines, vaccines and technologies
- Innovative approaches in financing pharmaceutical services
- Health information systems

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Synergies between SIAPS and SCMS

- Pharmaceutical Human Resources Development
- Pharmaceutical Management Information System (PMIS)
- Pharmaceutical support supervision
- Strengthening medicines policy and pharmaceutical regulation
- Strengthening systems for pharmaceutical waste management
- Pharmaceutical financing
- Medicines inventory management strengthening

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**Human Resources Development: Launch of the
pharmacy degree programme at UNAM - March 2011**

Namibia's Founding President and Father of the Nation and Chancellor of UNAM, His Excellency Dr. Sam Nujoma at the launch.

Management Sciences for Health

Human Resources Development: Pioneering UNAM School of Pharmacy students

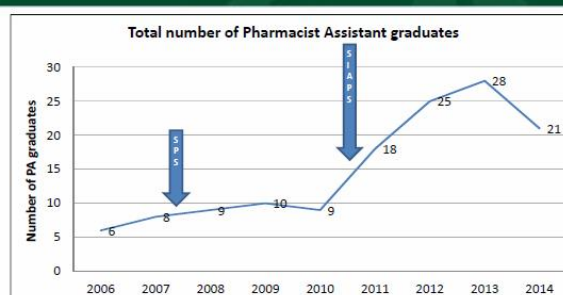


Namibia's Founding Father and Former UNAM Chancellor, Dr. Sam Nujoma, senior staff from UNAM, MoHSS, USAID and PSN pictured with the pioneering pharmacy degree students

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Human Resources Development: Enrolment of Pharmacists' Assistants at NHTC



The number of PAs graduating from NHTC annually quadrupled from 6 graduates in 2006 to an average of 25 in the last three years.

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Human Resources Development: Strengthening pre-service training at UNAM-School of Pharmacy



Above: UNAM lecturers & other stakeholders trained in Pharmacoeconomics

- Modules developed include
1. Pharmacoeconomics module
 2. Pharmacovigilance module
 3. AMR/RUM module
 4. Pharmaceutical SCM

SIAPS supported the development of Pharmacy modules including training of UNAM lecturers

Below: Participants @ AMR/RUM workshop



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Medicines policy and pharmaceutical regulation: Strategic planning for NMRC council members



The newly appointed NMRC Council members pose with the Minister of Health and Social Services during a two day orientation and strategic planning workshop conducted on 28-29th January, 2010 at the Windhoek Country Club.

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Medicines policy and rational use of medicines: The Namibia Essential Medicines List (Nemlist)



The Nemlist 4th Edition was launched by the Deputy Minister for Health and social services in December 2008.

The Nemlist has become an important tool in transparent medicines selection and procurement decisions



SIAPS supported the EMLC meeting in 2014 which led to landmark decisions including new TDF containing single dose ARV medicines and therapeutic foods on Nemlist

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Medicines policy and rational use of medicines: The Namibia Standard Treatment Guidelines



MoHSS' Minister, Honourable Dr. Richard Kamwi (right) launched the Namibia Standard Treatment Guidelines in 2012.

Pictured with him are MoHSS' Deputy Permanent Secretary Dr. Norbert Forster (left) and US Ambassador to Namibia, Ms. Wanda Nesbitt (center).

In 2014 SIAPS supported an assessment of compliance to the STG two years post implementation. The finalised STG post-assessment report was handed over to MoHSS for distribution to stakeholders and health practitioners in September 2014

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Management Information Systems: Electronic Dispensing Tool (EDT)



MoHSS Deputy Minister, Honourable Ms. Petrina Haingura, launches the EDT accompanied by the Deputy Director of Pharmaceutical Services Ms. Jennie Lates, Former USAID Mission Director and a Senior Official from MTC, highlighting a good example of public private partnership.

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Management Information Systems: Decentralization of ART services with EDT Mobile

SIAPS is supporting DSP to roll out the mobile EDT to PHC facilities in preparation for NIMART implementation (Piloting in Zambezi & Kavango)

>> SIAPS staff support NIMART trained Nurses on use of the EDT for data management at PHC facilities



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Management Information Systems: eTB Manager for Drug Resistant TB

SIAPS is supporting the NTLF to roll out e-TB Manager to all 14 designated drug resistant TB (DR-TB) centers in Namibia.

e-TB manger is a tool for managing TB patients & medicines. The number of drug resistant DR-TB cases registered in eTB Manager has increased two fold.

>> National training on ETB manager



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Management Information Systems: Rx Solution at Intermediate Hospital Oshakati



MoHSS's Minister, Dr. Richard Nchabi Kamwi officiates at the launch of the integrated computerized pharmaceutical management system, RxSolution, at the Intermediate Hospital Oshakati.

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Management Information Systems: Support for Syspro® at CMS and MRMDs



<< Syspro re-fresher training for procurement staff at CMS

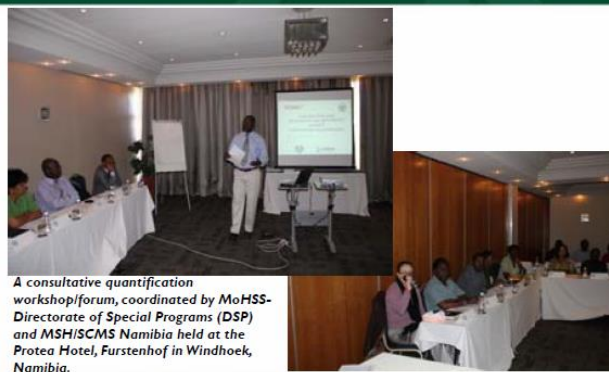
>> Handover of Syspro computer equipment at Rundu, Kavango Region



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Pharmaceutical supply management: Forecasting of pharmaceutical requirements



A consultative quantification workshop/forum, coordinated by MoHSS- Directorate of Special Programs (DSP) and MSH/SCMS Namibia held at the Protea Hotel, Furstenhof in Windhoek, Namibia.

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Pharmaceutical supply management: Supply Chain Issues in ART Guideline Revision



SCMS staff gives a presentation entitled "supply chain considerations during transition to new regimens" to members of the HIV/AIDS Treatment Advisory Committee (TAC) during a retreat held between 5th and 7th September 2013 in Swakopmund

Pharmaceutical supply management: Support for tender management processes



SCMS supported revision of CMS's procurement and tender documents and subsequent forecasting of ARV requirements prior to tendering

>> The highlight was the award of new contracts with new suppliers for ARV medicines and clinical supplies in August 2014



Pharmaceutical supply management: Interventions at PHC facilities



- Began with baseline assessment Training done focusing on inventory control and storage practices
- Targeted 20 PHC facilities served by Regional Medical Depots
- Final evaluation of the pilot completed
- Will inform further interventions to be supported by Global Fund

• Above: Training at Tsumeb -26 nurses and PAs trained based on the baseline findings

• Right: Support visit and mentoring by Regional Pharmacist of Kavango at Tondoro health center



Pharmaceutical supply management: People-that-deliver (PtD) initiative



>> In collaboration with the People that Deliver (PtD) initiative and IntraHealth/ CapacityPlus, SCMS is involved a series of interventions focused on supply chain human resources

- Supply chain competency mapping
- Supply chain performance improvement program
- Workload indicators of staffing need assessment
- Attraction and retention study - Discrete Choice Experiment -

Antimicrobial Stewardship: Improving adherence to ARV medicines



SIAPS supported dissemination of Adult adherence materials for use in counselling of HIV positive patients to be initiated on ARV.

- Materials included
- 250 Flipcharts (pictured on the right)
 - 200 DVDs in 9 different languages.
 - SIAPS also designed the medication adherence guidance document

>> Demonstration of use of flip chart in ART patient counselling



Antimicrobial Stewardship: Infection Control & Prevention interventions




First phlebotomy guidelines developed
Infection prevention and control reviewed

Operation theatre, and Central Sterile, Supply Department Guidelines reviewed

Training of Trainers (ToT) on all these guidelines to regional professionals



Antimicrobial Stewardship: Raising awareness against antimicrobial resistance




- Coalition building with Namibians Against Antimicrobial Resistance (NAAR)
- Early Warning Indicators for HIV Drug Resistance (HIVDR-EWIs)
- Analysis of laboratory antimicrobial sensitivity data (NIP)
- Using evidence to inform treatment guidelines

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SIAPS support for medicines registration

Last row Left: Mr. Johannes Gaeseb (Registrar, NMRC) and participants of the dossier evaluation and good regulatory practice workshop in Windhoek, May 12-16, 2014. Photo by MSH staff, Namibia




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SIAPS support to medicines registration

SIAPS supports NMRC to improve efficiency of medicine registration in the country and also reduce the current medicine dossier/registration applications backlog.

(left) participants during a dossier review hands-on session. Photo by MSH staff, Namibia



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Pharmadex tool for managing medicine registration

SIAPS strengthens NMRCs capacity to receive online medicine registration applications, process and disseminate online medicine registers.

Screenshot of the webbased Pharmadex tool that will support electronic medicine registration at NMRC



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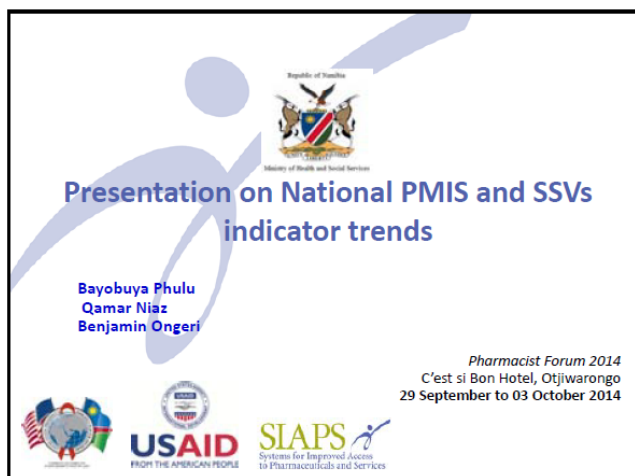
28

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-End of Presentation-
Thanks for your attention !



Presentation on National PMIS and SSVs indicator trends

Bayobuya Phulu
Qamar Niaz
Benjamin Onger

Pharmacist Forum 2014
C'est si Bon Hotel, Otjiwarongo
29 September to 03 October 2014

USAID FROM THE AMERICAN PEOPLE SLAPS Systems for Improved Access to Pharmaceuticals and Services

Objectives

At the end of the session participants should

- Understand current trends shown by PMIS reports
- Understand trend seen in selected SSVs indicators
- Identify areas of improvement in PMIS & SSVs
- Discuss plans to improve performance in SSVs & PMIS indicators
- Understand recommendations from SSVs & PMIS reports



Session Outline

- PMIS HR indicators
- Discussions on selected PMIS & SSVs indicators
- Recommendations from SSVs
- Recommendations from PMIS feedback
- Discussion on strategies to improve PMIS & SSVs indicator results

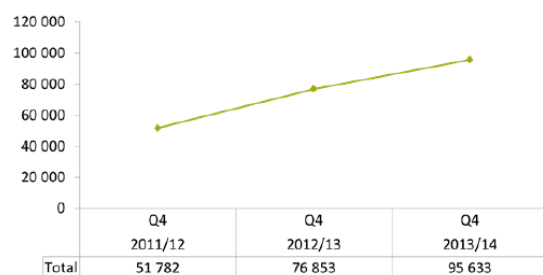


PMIS & SSVs Indicators

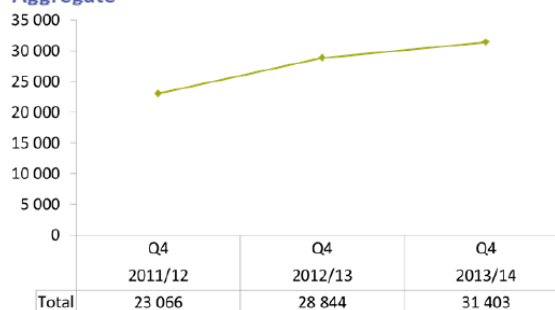
Human Resources Gaps



Population per Pharmacist: National Aggregate



Population per Pharmacist's Assistant (PA): National Aggregate



Percentage of Pharmacists Posts Filled: National Aggregate



Percentage of PA Posts Filled: National Aggregate

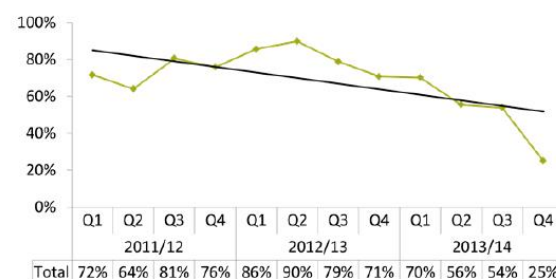


PMIS & SSVs indicators

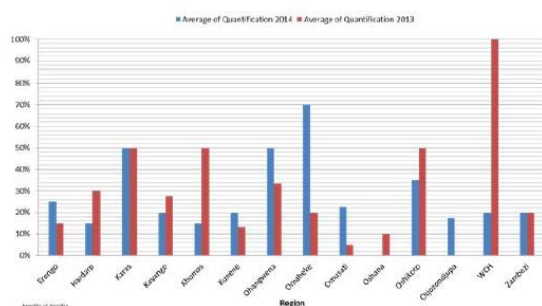
Performance on Key PMIS & SSVs indicators



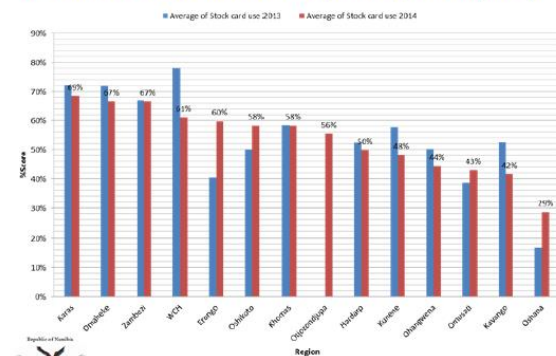
Percentage of Facilities with all Key Items in Stock

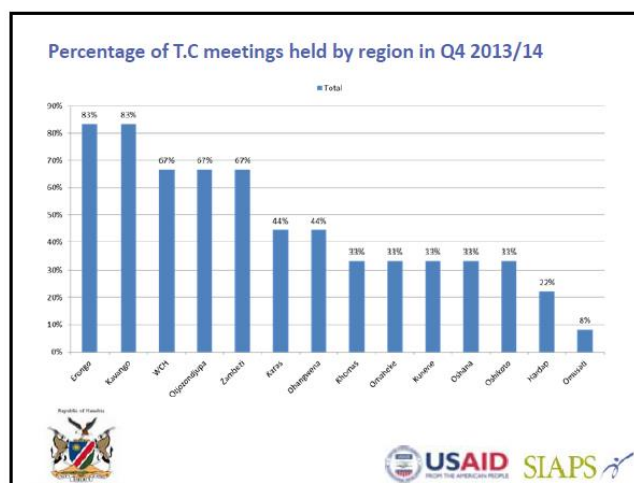


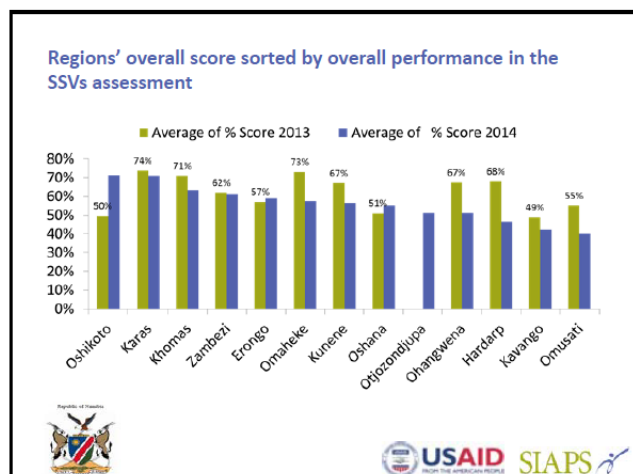
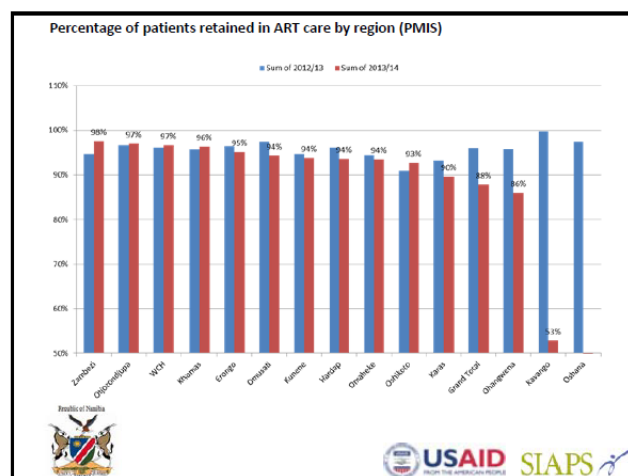
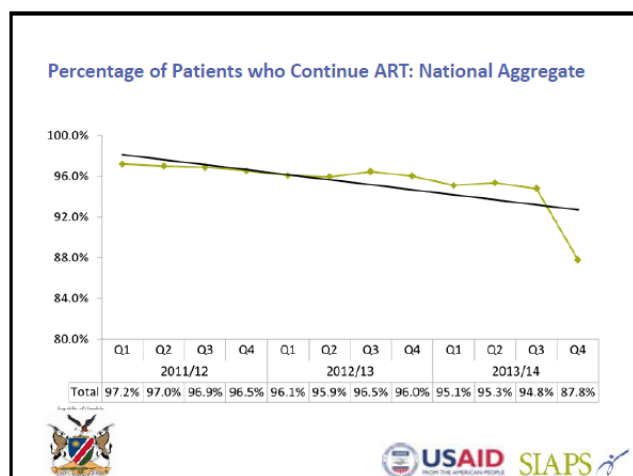
Quantification for placing main orders by region (SSVs)



Use of stock cards for inventory management (SSVs)







Recommendations from SSVs

- High staff turnover at health facilities leading to challenges of program implementation – loss of institutional memory – poor results
 - lack of supervision in transferring institutional memory
 - There is lack of Supervision by Management Teams to their Districts and/or Health Facilities
 - Management visits to Districts/Health facilities must be budgeted & executed regularly
- USAID SIAPS

Recommendations from SSVs

- Lack of funding is often cited as reason for lack of SSVs
 - Combined Supervisory visits by the entire RMT compromising quality of visit to Pharmaceutical Services – stock outs, expiries, unaccountability
 - Some regions such as Erongo and Karas regions that are managing to budget and carry out these activities. Reasons why other regions cannot follow suit need to be investigated by the National level.
- USAID SIAPS

Recommendations from SSVs

- Lack of accountability for pharmaceuticals, Hospitals and PHC facilities -lack of documentation controls during issuing and receiving.
 - Prescription pads must be introduced into the system to enable Pharmacy to remain with a record after issuing medicines
 - The standard ordering book designed by CMS needs to be made available to all Clinics and Health Centers its use enforced.
 - Ordering books to be revised to enable ordering in triplicate
 - Stock card use needs to be strengthened at all facilities to trace stock movement (e.g to wards, dispensary & other departments)
- USAID SIAPS

Recommendations from SSVs

- Auditing from the Ministry of Finance should be strengthened so that there is an audit trail for pharmaceuticals
- All new pharmacies to be built according to the recently developed "Norms for Health facilities in Namibia"
- In-service training of Nurses must be strengthened so that Nurses in Charge should be held accountable for pharmaceuticals inventory.
- HF staff to avoid keeping large amounts of pre-packed and other medicines in non-air conditioned dispensary areas. Dispensary areas should hold about two weeks' worth of pre-packs
- RMTs need to be forced to ensure that air-conditioners in pharmacy stores are available and functional
- The team noted that the pentavalent antigen is being mistaken for a diluent and might be used erroneously in place of sodium chloride diluent and vice versa



Recommendations from PMIS

- PMIS expansion to PHC facilities should be accelerated.
- RMTs, CMS and RMSs should ensure availability of key items.
- 13% drop in the % of items supplied vs ordered in one year is alarming. CMS needs to investigate the reason of this and take corrective.
- RMTs are urged to support health facilities to improve on the use of stock cards.



Recommendations from PMIS-1

- TCs need to design interventions to promote RUM, Rx by generic name and discouraging poly pharmacy (STG and other guidelines use)
- The declining performance in commencement of TC meetings at Regional and District level suggests that all the regions and health facilities should take drastic measures to ensure that TC meetings are scheduled and held as per terms of reference.
- RMTs are encouraged to provide support to ART teams to track LTFU. This can be achieved by getting the list of LTFU patients using EDT reporting module and tracking them.



Recommendations from PMIS-2

- The current declining of work load indicators can be attributed to delayed implementation of MoHSS restructuring as well as continuous staff attrition. The restructuring should be implemented asap. However RMTs should ensure that all available positions are filled and additional posts can be motivated for pharmacists at least for district hospitals while awaiting the outcome of new establishment.
- PMIS roll out to National Level (CMS, RMS, PC&I, NMPC) is being delayed due to erratic reporting. Relative stake holders are requested to start sending reports to NMPC on monthly basis.



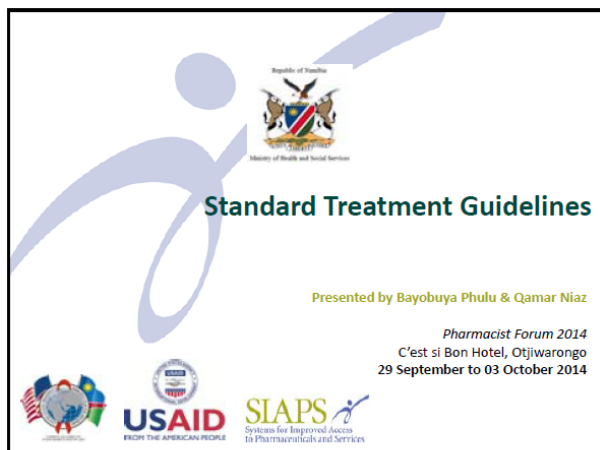
Holistic Approach Needed

- Current medicine supply challenges require a holistic approach
 - Workload challenges and lack of storage space at health facility level (downstream) affect data quality and CMS ability to forecast requirements
 - Lack of staff at NMPC affects coordination, human resources, quantification, policy implementation which impacts the supply chain and pharmaceutical service delivery
 - Weaknesses at CMS directly affect the ability to fulfil facility orders



Thank you





Standard Treatment Guidelines

Presented by Bayobuya Phulu & Qamar Niaz

Pharmacist Forum 2014
C'est si Bon Hotel, Otjiwarongo
29 September to 03 October 2014

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SIAPS
Systems for Improved Access to Pharmaceuticals and Services

Aknowledgements

- These training materials are based on training materials developed by Management Sciences for Health by the USAID funded RPM plus program
- The training materials were developed in collaboration with the World Health Organisation
- Full training materials can be found @

<http://www1.msh.org/projects/rpmplus/Resources/TrainingInitiatives/All-DTC-Training-Guides.cfm>

The presentation also included slides based on the Namibia STG post assessment report 2014



Objectives

At the end of the session participants should

- Understand the importance of an STG in promoting rational use of medicines
- Describe the development and implementation of a guideline in a hospital or clinic
- Understand the Development of an STG for a specific disease or medical condition
- Appreciate the results of Namibia's STG post assesment report



Session Outline

- Key Definition
- Introduction
- Advantages of STGs
- Disadvantage of STGs
- Establishing and Implementing the Guideline
- STG Post assesment
- Summary



Key Definition

- **Standard treatment guideline**—A systematically developed statement designed to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances



Introduction

- Treatment of diseases may have many different approaches
- Many practitioners will not remember the best method of treatment
- Applying the most effective treatment benefits both the patient and the health care system
- Formulary management will have only limited impact if the medicines are used incorrectly



Advantages for Health Care Providers (1)

- Provides standardized guidance to practitioners
- Promotes high quality of care by directing practitioners to the most appropriate medicines for specific conditions
- Encourages the best quality of care because patients are receiving optimal therapy



Advantages for Health Care Providers (2)

- Utilizes only formulary or essential medicines, so the health care system needs to provide only the medicines in the STGs
- Provides assistance to all practitioners, especially to those with lower skill levels
- Enables providers to concentrate on making the correct diagnosis



Advantages for Health Care Officials

- Provides a basis for evaluating quality of care provided by health care professionals
- Provides effective therapy in terms of quality
- Provides a system for controlling costs
- Provides information for practitioners to give to patients concerning the institution's standards of care
- Serves to integrate special programs (diarrhea disease control, TB) at the primary health care center with a single set of guidelines



Advantages for Supply Management

- Utilizes only formulary or essential medicines, so the health care system needs to provide only medicines in the STGs
- Provides information for forecasting and ordering
- Provides information for purchase of prepackaged medicines



Advantages for Patients

- Patients receive optimal pharmaceutical therapy
- Enables consistent and predictable treatment from all levels of providers and at all locations
- Allows for improved availability of medicines because of consistent and known usage patterns
- Helps provide good outcomes because patients are receiving the best treatment regimen available
- Lowers cost



Disadvantages

- Inaccurate guidelines will provide the wrong information. Often guidelines are based on existing practices rather than evidenced-based medicine.
- Guideline development and maintenance takes much time and effort.
- STGs may give false sense of security and discourage ongoing critical thinking.



Establishing the Guideline (1)

- Establish an STG committee.
- Develop comprehensive plan for development.
 - Select format
 - Recruit contributors, writers, reviewers
- Identify diseases that the STG will cover.



Establishing the Guideline (2)

- Determine the appropriate treatment options
 - Use fewest medicines necessary
 - Choose cost-effective treatment
 - Use formulary medicines
 - List first- and, when appropriate, second- and third-line treatment options
 - Provide dose, duration, contraindications, side-effects



Establishing the Guideline (3)

- Determine what information should be included in the STG.
 - Clinical condition
 - Diagnostic criteria and exclusions
 - Treatment objectives
 - Nonpharmaceutical treatment
 - Medicines of choice
 - Important prescribing information
 - Referral criteria
 - Patient education information
 - What to do when clinical response is poor



Establishing the Guideline (4)

- Draft the STG for comments, external review, and pilot testing
- Publish and disseminate
 - Hold an official launch
 - Train users
 - Monitor and evaluate
- Revise and update.



Establishing the Guideline (5)

- Key features of a successful STG manual—
 - Simplicity
 - Credibility
 - Same standards for all levels
 - Pharmaceutical supply based on standards
 - Introduced in preservice training
 - Dynamic (regular updates)
 - Provided as a durable pocket manual



Establishing the Guideline (6)

- Selecting diseases for guideline
 - Individual—Standard treatments are prepared for only one problem
 - Selective—Treatments are prepared for a small number of high-priority problems
 - Comprehensive—Standard treatments are prepared for all of the most common health problems of the country



Establishing the Guideline (7)

- Important considerations—
 - Create from evidence-based sources
 - Choose cost-effective treatments
 - Use only approved formulary medicines
 - Involve respected clinicians and specialists
 - Consider the patient perspective



Implementing the Guideline

- Printed reference materials—STG manual, posters, training materials
- Official launch—involve Ministry of Health officials
- Initial training
 - Vital concept in implementing guidelines
 - Provide training in advance of actual start date
- Reinforcement training
- Monitor use of the guidelines and outcomes
- Supervision



Namibia STG post assesment

ASSESSMENT OF PRESCRIBING COMPLIANCE TO THE NAMIBIAN STANDARD TREATMENT GUIDELINES OF OUTPATIENT PRESCRIPTIONS IN MINISTRY OF HEALTH AND SOCIAL SERVICES HEALTH FACILITIES

Akpabio Ebong, Sagwa Evans, Mazibuko Greatjoy, Kagoya Harriet Rachel, Qamar Niaz, Mabirizi David, December 2013



Background

- Namibia Standard Treatment Guidelines launched in Namibia
- Pre-implementation study done to determine baseline compliance to available STGs in Namibia
- STGs distributed to Health Facilities in Namibia
- Post assessment conducted 2 years from launch and distribution



Objectives

- To determine the level of compliance and changes in prescribing practices for the selected conditions with reference to the comprehensive Namibian STGs
- To compare prescribing practices for selected conditions two years after the roll out of the STG to the pre-implementation assessment
- To explore factors influencing compliance to the treatment guidelines
- To find out what STG-awareness related interventions were implemented by MoHSS, regions / facilities after the launch of the STGs in June 2011



Conditions reviewed

- Common conditions as based on(HIS) data,
- Commonly encountered at PHC level and in outpatients units
- Prone to mismanagement as well as HIV related.
- Conditions assessed included
 1. Diarrhea without blood
 2. Common cold
 3. Community-acquired pneumonia
 4. Oral candidiasis
 5. Vaginal discharge
 6. Intestinal helminthiasis
 7. Urethral discharge
 8. Asthma
 9. Diabetes mellitus –Type 2
 10. Hypertension
 11. HIV/AIDS**.

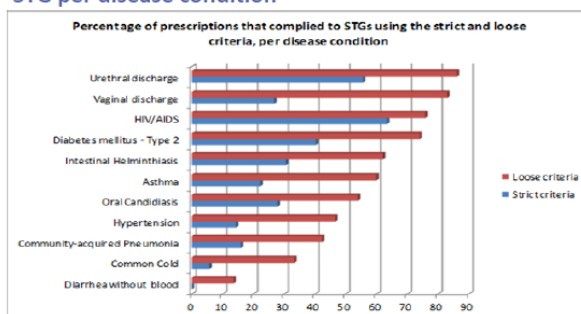


Compliance of prescriptions to Namibia STGs per disease condition

S/No	Disease Condition	Number of prescriptions reviewed	Percentage compliance to STG (strict criteria)	Percentage compliance to STG (loose criteria)
1.	HIV/AIDS	95	63.5	75.8
2.	Urethral discharge	108	55.6	86.1
3.	Diabetes mellitus –Type 2	108	40.3	74.1
4.	Intestinal helminthiasis	29	30.6	62.1
5.	Oral candidiasis	63	27.9	54.0
6.	Vaginal discharge	115	26.8	83.0
7.	Asthma	105	22.3	60.0
8.	Community-acquired pneumonia	104	15.9	42.3
9.	Hypertension	125	14.4	46.4
10.	Common cold	120	5.7	33.3
11.	Diarrhea without blood	118	0	13.6



Percentage of prescriptions that complied with the STG per disease condition



Comparison of non-compliance to STG for prescriptions for disease conditions, 2011 versus 2013

Disease Condition	%Non-compliance 2011*	%Non-compliance 2013*
1. Diarrhea without blood	72.2	100
2. Common cold	62.2	94.3
3. Community-acquired pneumonia	62	84.1
4. Oral candidiasis	51.4	72.1
5. Vaginal discharge	50	73.2
6. Intestinal helminthiasis	38.5	69.4
7. Urethral discharge	32.7	44.7
8. Asthma	29.6	77.8
9. Diabetes mellitus –Type 2	15.2	59.7
10. Hypertension	11.6	85.6
11. HIV/AIDS**	-	36.5



Compliance to STGs by different cadres of prescribers

Cadre of prescriber	Prescription complies to STG? (Number (and %))		Total
	Yes	No	
Medical officer	113 (27.7)	295 (73.2)	408 (100)
Enrolled Nurse/midwife	76 (27)	205 (73)	281 (100)
Registered Nurse/midwife	79 (22.6)	270 (77.4)	349 (100)
Specialist	1 (50)	1 (50)	2 (100)
Others	2 (10)	18 (90)	20 (100)
Missing	15 (50)	15 (50)	30 (100)
Total	286 (26.2)	803 (73.7)	1090 (100)



Percentage of medicines prescribed according to STG and average number of medicines per encounter

Region	Average No. of medicines per encounter	% compliance to STG (strict criteria)	% compliance to STG (loose criteria)
Kunene	3.57	29.7%	68.8%
Khomas	3.47	20.7%	48.1%
Omaheke	3.34	24.4%	53.2%
Karas	3.3	15.4%	43.1%
Ohangwena	3.21	20.2%	48.9%
Erongo	2.67	44.6%	69.3%
Overall mean:	3.25	Mean: 26.2%	Mean: 55.1%



Recommendations STG post-assessment

Access and Availability

- MoHSS & Development partners to mobilize resources and produce & distribute more copies of the STGs
- The Ministry to consider selling the STGs at subsidized rate
- Regional directorate and hospitals to budget for procurement of STGs
- Strengthen intervention measures to ensure the utilization of the STGs by the prescribers.



Interventions to strengthen STG utilisation

- Refresher training on the STGs: Regions & districts to conduct refresher training on the use of the STGs
- STG training to be part of orientation of all new practitioners
- Review of existing curriculum to include STGs.
- Strengthened supervision & monitoring of utilization at facility level by T.Cs
- TCs to report on activities related to the STGs utilization



Cont: Interventions to strengthen utilisation

- Facility level Medicine Use Evaluation (MUEs)
- MoHSS should prioritize two or three disease conditions (including HIV/AIDS) facility level MUEs.
- Pre-service training: Availability at training institutions
- HPCNa & HPC to enforce compliance to guidelines Updating of the STGs
- Further Research: Regular assessments of compliance to the STGs at least every two (2) years



Summary (1)

- STGs are a time-honored system to improve patient outcomes and to improve efficiency within the health care system
- Only evidence-based medicine concepts should be used in preparation of an STG
- STGs provide standardized guidance to practitioners



Summary (2)

- The most appropriate medicines for use in specific diseases are listed
- STGs produces the best quality of care
- Only formulary medicines are used so the health care system needs to provide only the medicines in the STG
- Providers can concentrate on diagnosis



Thank you



ANNEX 5. SELECTED PHOTOGRAPHS FROM THE WORKSHOP AND FORUM



Mr. Benjamin Khumalo, President of the PSN, makes a presentation on the organization's support to the Namibian public sector during the annual Pharmacists' Forum (photo by SIAPS/Namibia staff).



Deputy Minister of Health and Social Services, Hon Petrina Haingura (left), and the Deputy Director of Division Pharmaceutical Services, Mr. Lazarus Indongo (right), at the National Pharmacist's Forum (photo by SIAPS/Namibia staff).



Ms. Naita Nashilongo, Chief Pharmacist, NMPC (right), with participants at the National Pharmacists' Forum 2014 (photo by SIAPS/Namibia staff).